

National Cancer Advisory Board (NCAB)  
*Ad hoc* Subcommittee on Global Cancer Research (GCR)

National Cancer Institute – Shady Grove  
9609 Medical Center Drive  
Rockville, MD 20850

March 23, 2016  
2:00 – 3:00 p.m. EDT  
Teleconference  
Dial in number: 1-866-692-3158  
Passcode: 9875262

DRAFT SUMMARY

Subcommittee Members:

Dr. Olufunmilayo Olopade, Chair  
Dr. Edward Trimble, Executive Secretary  
Dr. David Christiani  
Dr. Beth Karlan

Other Participants:

Ms. Kalina Duncan, NCI  
Dr. John Flanigan, NCI  
Dr. Thomas Gross, NCI  
Ms. Catherine Muha, NCI  
Ms. Felecia Rom, NCI  
Dr. Marie Ricciardone, NCI  
Dr. Lisa Stevens, NCI  
Dr. Ryan Wynn, College and Osteopathic Medicine  
Dr. Carolyn Fisher, SCG, Rapporteur

**Welcome and Introductions**

Dr. Olufunmilayo Olopade, Subcommittee Chair, welcomed the meeting participants.

**Recap of Request From the November 2015 *Ad hoc* Subcommittee on Global Cancer Research (GCR) Meeting**  
*Edward Trimble*

Dr. Edward Trimble, Director, Center for Global Health (CGH), National Cancer Institute (NCI), updated the subcommittee members on the November 2015 meeting. At that meeting, the subcommittee members were provided an update of the progress the CGH has made since it began in 2011. There were concerns expressed that the message the CGH was attempting to convey had been overshadowed by the depth and complexity of the presentation. Dr. Trimble has since met with the NIH director, Dr. Douglas Lowy, to discuss how best to show progress in the scientific portfolio of the CGH. Dr. Lowy recommended that the CGH provide updates that focus on the broad themes rather than an overly exhaustive list of activities. He also commented that examples would clearly illustrate

progress and achievements.

Dr. Olopade commented that the point of the review was to ensure that the CGH provides a clear and concise account of its progress, accomplishments, and future directions; the structure of the presentation was a lesser concern. The reports and presentations to the GCR subcommittee could be in-depth, but the report to the NCAB should be structured to highlight accomplishments. Dr. Olopade pointed out previous concerns regarding funds allocated to the CGH and commented that the chair of the NCAB is expecting evidence to show how the scientific efforts of the CGH are transforming GCR. She suggested that the presentation could convey the intended meaning with 10 PowerPoint slides.

**Draft Slide Outline for the Joint Board of Scientific Advisors (BSA)/NCAB June 2016 Meeting**  
*Edward Trimble*

Dr. Trimble gave an overview of the proposed CGH PowerPoint presentation for the June 2016 BSA/NCAB meeting. The streamlined approach will include the following key areas: (1) the global health (GH) priorities of the NCI; (2) the role of the CGH in the overall NCI GH priorities; and (3) key programmatic highlights of the CGH. Dr. Trimble also emphasized that the CGH would like input and ideas from the subcommittee on the content and clarity of the presentation.

The proposed presentation will begin by discussing some aspects of GH and will highlight how the patterns of cancer differ globally. Emphasis will be placed on the types of cancers and the prevalence differences in high-, middle-, and low-income countries. The burden of infectious diseases and increasing burden of noncommunicable diseases (NCD) and injuries also will be described. Dr. Trimble added that, if the projected NCD data for 2020 is available before the meeting, it will be included. Following the introductory slides, the presentation will highlight NCI's role in GH to support global research, train international scientists, and engage in cancer control planning. The CGH priorities—strengthening global cancer research, enhancing the development of a global cancer research community, and translating research results into practice—will be discussed in relation to the NCI priorities.

Dr. Olopade asked whether discussion of international partnerships would be included. Dr. Trimble responded that Dr. Lowy suggested the presentation be streamlined and reflect the broader efforts and commitments to GH of the NCI and its other divisions and centers in addition to the efforts of the CGH. Dr. Lisa Stevens pointed out that one slide will define the overarching global research goals and priorities of the NCI, and a separate slide will explain how the CGH fits into the priorities. Dr. Olopade recommended emphasizing NCI's leadership role in the international cancer research community and including examples to demonstrate the CGH GCR priorities.

Dr. Trimble explained that the next series of slides would recount the history of the CGH. It was founded in 2011 by Dr. Harold Varmus, the former NIH director, to strengthen and coordinate NCI's work in GH and GCR. Four NCI offices contributed to the initial budget, and the personnel consisted of staff from multiple offices. A graphic will be used to show that the CGH is currently included in the NCI Office of the Director's (OD) budget, which also includes the specialized programs of research excellence (SPORE), training grants, and intramural research. The proportion of the OD budget allotted to the CGH is small compared to the other programs supported.

Dr. Olopade commented that the presentation will update members who are new to the board and show the relationship of the CGH to other OD programs. Intramural investigators performing GCR also

would be interested. She suggested that the slide show the actual dollar amount that the CGH receives from the OD budget.

Dr. Trimble introduced Dr. John Flannigan, who presented the next three slides discussing the CGH's initiatives to strengthen global research and build a GCR community. First, the presentation will explain how the CGH gained experience in the development of a global research program and will then demonstrate the leadership roles of the CGH from concept development to funding mechanisms. The CGH also has been instrumental in co-developing ideas and leveraging other funding initiatives within the NCI, and Dr. Flannigan gave a detailed historical account of the CGH funding opportunities from 2013 to the present. These opportunities include a request for proposals for pilot collaborations with low- and middle-income countries (LMIC) in GCR at NCI-designated cancer centers; administrative supplements to promote cancer prevention and control research in LMIC (PAR-15-155); planning for regional centers of research excellence (RCRE) for NCD in LMIC (RFA 15 007); and supplements to promote clinical research studies on pediatric Burkitt lymphoma in LMIC (PA-16-086). In collaboration with the Fogarty International Center (FIC), the CGH shares support in two career development awards (K43 and K01) for GCR and an exploratory research (R21) award on global NCD and injury across the lifespan. The CGH coordinates between multiple NCI divisions the collaborative effort to support the UH02/UH03 funding grants for cancer detection and diagnosis, and treatment technologies for GH.

Dr. Olopade recommended emphasizing examples of existing funding mechanisms and the efforts of the CGH in developing a robust pathway for careers in GCR. She also suggested showing that the NCI is funding and supporting cutting-edge research. Dr. Trimble suggested including a section of grantee research results. Handouts with additional facts about the CGH also will be available. Dr. Beth Karlan suggested that the CGH show accomplishments and provide a map of the global initiatives.

Dr. Trimble commented that the NCI reached out to its designated cancer centers to determine what GCR projects exist and was impressed by the amount. However, there was limited coordination in instances of similar research being conducted in the same countries. The presentation will highlight Kenya and the Academic Model Providing Access to Healthcare (AMPATH) program, which is a partnership led by Indiana University and includes collaborations with four NCI-designated cancer centers and the Centers for Disease Control and Prevention. He introduced Kalina Duncan, who has actively been involved in the initiative, to give an overview of the Kenya cancer research and control stakeholder program. Ms. Duncan discussed NCI's engagement with Kenya from 2013 to the present and included some of the highlights, such as the national cancer stakeholder meeting; the NCI leadership forum in cancer control planning, the development of a four-part action plan with working groups to focus on cancer research, pathology and cancer registries, community education and strengthening health systems; quality and needs assessments task force building; funding applications for RCRE; funding for pathology strengthening; and consultants placed in Kenya. The presentation also will provide the results from the initial program evaluation to demonstrate how the NCI and the CGH are affecting policy and cancer research in Kenya.

Dr. Trimble asked the subcommittee whether expanding this section to three slides would be necessary to convey the message. Dr. Karlan suggested one slide with the timeline and a second slide to show the return on investment. Dr. Olopade recommended highlighting partnerships rather than a granular description of the Kenya cancer research program. Dr. Trimble added that information on the other NCI-designated cancer centers located throughout Africa would convey the added value of people working together as shown in Kenya. Ms. Kalina commented that highlighting Kenya was an

opportunity to show that the investments meet the four priority areas of the CGH. Dr. Olopade recommended that the slide be less dense and provide a clear description of the added value in Kenya.

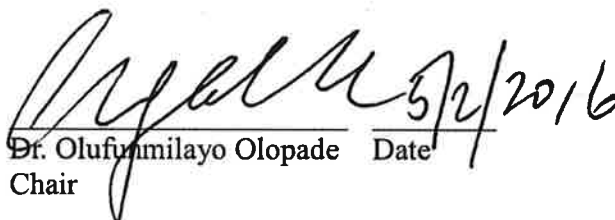
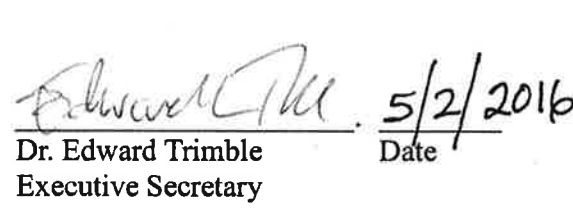
Dr. Trimble commented that the final slides in the presentation will discuss efforts of the CGH to establish research networks and introduced Dr. Thomas Gross who gave an overview of the Burkitt Lymphoma Research Network. The slides will convey the objectives of the research network, which are to identify gaps and provide a mechanism helpful for GCR. The GCR networks will serve to identify important areas, leverage existing partnerships, and enhance ongoing efforts. The ultimate goal is to establish cooperative agreements to support the networks, which will allow the CGH to mandate collaboration and cross-talk between partners. The emphasis on Burkitt lymphoma stems from Dr. Varmus' original ideas and will leverage efforts at the NCI-designated cancer centers that already are focused in this area. The presentation will convey that implementation science, investigating the biology of regionally associated cancer, and precision cancer prevention are key to expanding GCR at the NCI and to illustrating the leadership role of the CGH.

Dr. David Christiani asked whether the cooperative agreements would open opportunities for intramural investigators to collaborate in the networks. Dr. Trimble confirmed this, adding that Dr. Varmus was excited about this aspect of establishing the CGH. Dr. Olopade suggested adding an introductory statement highlighting the exciting science in Burkitt lymphoma and providing reasons why the NCI should develop a research network. She also suggested highlighting the impact of the CGH on finding a cure for Burkitt lymphoma. Dr. Gross suggested including a slide that depicts the burden of disease in Uganda, for example, and that compares its cure rate to that of the United States and Europe. Dr. Olopade commented that what is needed is a compelling reason for the CGH network, and the challenge is to convey the importance of this work. Dr. Trimble commented that including a slide of vaccine development with the NCI and NIAID would be compelling. Dr. Trimble will circulate a draft of the final presentation to the Subcommittee before the June 2016 BSA/NCAB meeting.

The *Ad hoc* Subcommittee on GCR will formally convene on June 20, 2016, before the start of the BSA/NCAB meeting.

#### Adjournment

The Subcommittee meeting adjourned at 3:01 p.m. EDT.

	
Dr. Olufunmilayo Olopade	Dr. Edward Trimble
Chair	Executive Secretary
Date 5/2/2016	Date 5/2/2016